

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90023 013 \*\*\*150.00

DOCUMENT # P94000036761

1. Entity Name

IRVING M. ADDIS, ARCHITECT, P.A.

Principal Place of Business

6322 PRESIDENTIAL CT  
FT MYERS FL 33919

Mailing Address

6322 PRESIDENTIAL CT  
FT MYERS FL 33919

2. Principal Place of Business

6322 PRESIDENTIAL CT

Suite, Apt. #, etc.

3. Mailing Address

6322 PRESIDENTIAL CT

Suite, Apt. #, etc.

City & State

FT. MYERS FL

Zip  
33919

Country  
LEE

City & State

FT. MYERS FL

Zip  
33919

Country  
LE

4. FEI Number 65-0487604

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADDIS, IRVING M  
1424 WINDSOR CT  
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE IRVING M. ADDIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ADDIS, IRVING M  
CITY-ST-ZIP 1424 WINDSOR CT  
CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRVING M. ADDIS

Date

Daytime Phone #

1-8-2001

CR2E034 (10/00)